

Louisville, The Bradley & Gilbert Company, 1890. St. Louis, Mo., J. H. Chambers, 914 Locust Street.

The author has arranged in tabular form, for ready reference, an abstract of the entire subject of antiseptic and aseptic treatment. It forms an excellent remembrance and a most valuable help to the recollection of the minute details so necessary to the attainment of a perfect result and so liable to be forgotten. The translator has put the matter into correct idiomatic English and has completed it by a number of additions.

JAMES E. PILCHER.

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DIE VERLETZUNGEN UND CHIRURGISCHEN ERKRANKUNGEN DER PERIPHERISCHEN NERVEN. VON DR. T. KOLLIKER, [Privatdocent in Leipzig] Deutsche Chirurgie, Lieferung, 24 b, Stuttgart, 1890.

THE INJURIES AND SURGICAL DISEASES OF THE PERIPHERAL NERVES. Price, 4M 80, about \$1.20. St. Louis, Mo., J. H. Chambers, 914 Locust Street.

The field covered by the present number of this well-known encyclopedic work can be best indicated by its general headings. Literature (26 pages, and not perfectly complete at that); Anatomical Introduction, on the histology of the peripheral nerves (pp. 3); Injuries of Peripheral Nerves, including their surgical treatment (pp. 46); Foreign Bodies in Peripheral Nerves (pp. 3); Inflammation of same (pp. 9); Operations on Nerves, for Paralysis, Neuralgia, Tabes, etc., (pp. 40); Hypertrophies and tumors (pp. 19).

In this space the author has succeeded in giving considerable attention to even the many minor divisions of the subject. Although there is but limited scope for originality, it is very satisfactory to find that, in treating a department in the main of such recent growth, his evident

aim is everywhere to bring his work quite up to date, and into harmony with the results of experimental studies.

To cull out special facts and topics for notice is, perhaps, unfair, but space will not allow more. Dislocations, sudden or habitual, of the ulnar nerve, and even of the peroneus, have been observed. Injuries of nerves, without or with only partial division of continuity, have—in the absence of all sepsis and of any foreign matter—none of the dangers of complete division. After division of a nerve the stump does not retract like a tendon stump, in fact, the ends may even overlap. The recent conclusions of Friedlander and Krause that Waller's law of degeneration in severed nerves is so far incorrect that certain axis-cylinders (for sensory conduction) do not degenerate in peripheral portion, and that corresponding ones in the central portion do degenerate is pronounced by Kolliker, from his own experimental studies as well as from the anatomical investigations of his, to be entirely unwarranted. Hence, we may quote Waller's authority unimpaired.

In the regeneration of nerves (neurotization of Vanlair) the new axis cylinder grows out from the stump of the old one and is not formed from the sheath; the whole degeneration goes out from the central portion and is not actively participated in by the severed part. From the fact that regeneration from the stump and degeneration of the severed portion begin at about the same period after injury, as well as from certain experimental and clinical experience, he acknowledges that mediate and immediate primary reunion of severed nerves is possible, though as yet not proven, and in practice very unusual. Of great importance in prognosis is the length of the severed portion of the nerve; the shorter this, the more speedily and certain the regeneration, and *vice versa*. Suppuration of the nerve, or formation of broad, deep cicatrices make the prognosis especially bad.

As to sutures he gives the paraneurotic the preference in most cases, the direct suture being, perhaps, admissible where there is tension. For suture material catgut is best, except again where there is tension when fil de Florence may be preferable.

A consideration of the various methods for overcoming defects—when not over 3 or 4 ctm. stretching of one or both stumps often suffices—leads him to prefer Assaky's substitution of strands of cat gut, or as more ideal yet the tubular suture of Vanlair (with Neuber's decalcified bone tubes).

The subject of neuritis, acute or chronic, inflammatory or degenerative, local or multiple, is admirably reviewed, though briefly, as becoming an affection but partially surgical.

The more strictly surgical nerve troubles, with the various indicated operative procedures (neuralysis or freeing a nerve from compression, neurotomy or nerve stretching, neurotomy, neurectomy and neurexairesis or nerve extraction), are very comprehensively considered.

As this field is frequently considered in American articles, it is not necessary to review the various points more fully.

WILLIAM BROWNING.